

County: Sheboygan  
 GREENDALE HEALTH/REHABILITATION CENTER  
 3129 MICHIGAN AVENUE

Facility ID: 9370

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SHEBOYGAN 53081 Phone:(920) 458-1155  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 64  
 Total Licensed Bed Capacity (12/31/02): 64  
 Number of Residents on 12/31/02: 60

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 60

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			45.0
Supp. Home Care-Personal Care	No						More Than 4 Years			38.3
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	5.0				16.7
Day Services	No		Mental Illness (Org./Psy)	3.3	65 - 74	13.3				-----
Respite Care	Yes		Mental Illness (Other)	3.3	75 - 84	28.3				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	45.0				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.3				Full-Time Equivalent
Congregate Meals	No		Cancer	3.3		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	11.7		100.0				(12/31/02)
Other Meals	No		Cardiovascular	15.0	65 & Over	95.0				-----
Transportation	No		Cerebrovascular	11.7		-----				RNs 11.4
Referral Service	No		Diabetes	5.0	Sex	%				LPNs 5.4
Other Services	No		Respiratory	13.3		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	33.3	Male	30.0				Aides, & Orderlies 32.6
Mentally Ill	No			-----	Female	70.0				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	283		35	85.4	104	0	0	0.0	0	10	90.9	179	0	0.0	0	1	100.0	575	53	88.3
Intermediate	---	---	---		6	14.6	87	0	0	0.0	0	1	9.1	179	0	0.0	0	0	0.0	0	7	11.7
Limited Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0			41	100.0			0	0.0		11	100.0		0	0.0		1	100.0		60	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			
		-----			
Percent Admissions from:		Activities of		% Needing Assistance of	Total
		Daily Living (ADL)		One Or Two Staff	Number of Residents
				%	
Private Home/No Home Health	11.7	Bathing	Independent	25.0	60
Private Home/With Home Health	2.6	Dressing		48.3	26.7
Other Nursing Homes	1.3	Transferring		48.3	23.3
Acute Care Hospitals	80.5	Toilet Use		33.3	33.3
Psych. Hosp.-MR/DD Facilities	0.0	Eating		36.7	26.7
Rehabilitation Hospitals	1.3			10.0	10.0
Other Locations	2.6				60
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Total Number of Admissions		Continence		%	Special Treatments
Percent Discharges To:		Indwelling Or External Catheter			%
Private Home/No Home Health	9.1	Occ/Freq. Incontinent of Bladder		18.3	Receiving Respiratory Care
Private Home/With Home Health	26.0	Occ/Freq. Incontinent of Bowel		23.3	Receiving Tracheostomy Care
Other Nursing Homes	3.9			11.7	Receiving Suctioning
Acute Care Hospitals	6.5	Mobility			Receiving Ostomy Care
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Tube Feeding
Rehabilitation Hospitals	0.0				Receiving Mechanically Altered Diets
Other Locations	5.2	Skin Care			
Deaths	49.4	With Pressure Sores		1.7	Other Resident Characteristics
Total Number of Discharges		With Rashes		0.0	Have Advance Directives
(Including Deaths)	77				Medications
					Receiving Psychoactive Drugs

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 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.8	84.7	1.11	87.1	1.08	85.3	1.10	85.1	1.10
Current Residents from In-County	93.3	81.6	1.14	81.5	1.14	81.5	1.15	76.6	1.22
Admissions from In-County, Still Residing	29.9	17.8	1.68	20.0	1.49	20.4	1.46	20.3	1.47
Admissions/Average Daily Census	128.3	184.4	0.70	152.3	0.84	146.1	0.88	133.4	0.96
Discharges/Average Daily Census	128.3	183.9	0.70	153.5	0.84	147.5	0.87	135.3	0.95
Discharges To Private Residence/Average Daily Census	45.0	84.7	0.53	67.5	0.67	63.3	0.71	56.6	0.80
Residents Receiving Skilled Care	88.3	93.2	0.95	93.1	0.95	92.4	0.96	86.3	1.02
Residents Aged 65 and Older	95.0	92.7	1.03	95.1	1.00	92.0	1.03	87.7	1.08
Title 19 (Medicaid) Funded Residents	68.3	62.8	1.09	58.7	1.16	63.6	1.07	67.5	1.01
Private Pay Funded Residents	18.3	21.6	0.85	30.0	0.61	24.0	0.76	21.0	0.87
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	6.7	29.3	0.23	33.0	0.20	36.2	0.18	33.3	0.20
General Medical Service Residents	33.3	24.7	1.35	23.2	1.44	22.5	1.48	20.5	1.63
Impaired ADL (Mean)	42.0	48.5	0.87	47.7	0.88	49.3	0.85	49.3	0.85
Psychological Problems	16.7	52.3	0.32	54.9	0.30	54.7	0.30	54.0	0.31
Nursing Care Required (Mean)	5.2	6.8	0.77	6.2	0.84	6.7	0.77	7.2	0.72